

Division Check-Out Sheet

Date: _____

Name: _____ UID: _____

Email Address: _____ Lab Group: _____

Spaces Occupied: _____

Research / Safety Sign Off

- | | | |
|---|----|---|
| ☐ All research samples labeled in group storage | OR | ☐ not applicable |
| ☐ All waste materials labeled and moved to waste collection center | OR | ☐ not applicable |
| ☐ Laboratory bench clean and all chemicals moved to storeroom | OR | ☐ not applicable |
| ☐ Laboratory notebook, computer items, spectra, and other data | OR | ☐ not applicable |
| ☐ All physical keys returned | OR | ☐ not applicable |

Sign off by Group Safety Coordinator or Research Advisor_____
Date

Notes (optional):

Administrative Sign Off

- | | | |
|---|-----|---|
| ☐ Keys Returned to Division Office | (OR | ☐ not applicable) |
| ☐ UID card returned to Division Office | (OR | ☐ lost) |
| ☐ Purchasing Card (Pcard) returned | (OR | ☐ not applicable) |
| ☐ Forwarding Address of individual | (OR | ☐ not applicable): |

Notes:

Address

City/State/Zip Code and Country info (if applicable)

Return completed form to the CCE Division Office in Crellin Building, Room 168**☐ CCE Division Office Sign Off of Check-Out completion**_____
CCE Division Office_____
Date

For Administrative Use Only

- | | |
|---|---|
| ☐ Keys returned to Lock Shop | ☐ Remove from email distribution |
| ☐ Removed record from DPM/Groups | ☐ Remove mailbox |
| ☐ Remove from Techmart | ☐ Building access removal |